

Case Number:	CM14-0219104		
Date Assigned:	01/09/2015	Date of Injury:	04/13/2010
Decision Date:	04/06/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old man sustained an industrial injury on 4/13/2010. The mechanism of injury is not detailed. Current diagnoses include internal derangement of the left knee with chondral lesion along the medial femoral condyle; internal derangement of the right knee, status post synovial injection followed by arthroscopy; discogenic lumbar condition with bulges; and chronic pain syndrome. Treatment has included oral medications, joint injection, physical therapy, and surgical intervention of both knees. Orthopedic notes dated 11/11/2014 state the worker is complaining of bilateral knee, low back and hip pain. A request is made for approval of Nalfon, Norco, Flexeril, Protonix, and bilateral unloading braces. There is no rationale provided for the medications requested. On 12/3/2014, Utilization Review evaluated prescriptions for Norco 10/325 mg #160 and Nalfon 400 mg #60, that was submitted on 12/18/2014. The UR physician noted that the worker has been prescribed Norco long term without documented objective functional improvement. Further, Nalfon is not a first line NSAID medication and a first line NSAID is recommended to avoid further gastrointestinal upset and symptoms. The MTUS, ACOEM Guidelines, or ODG was cited. the Norco was modified for weaning purposes, and the Nalfon was denied. The requests were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 prescription of Norco 10/325mg #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The 53 year old male patient, date of injury 04/13/10, presents with pain in both knees, low back and hips. The request is for 1 prescription of Norco 10/325MG #160. The request for authorization is dated 11/11/14 for unloading braces for both knees and medications (Norco, Flexeril, Nalfon and Protonix). The patient is status-post left knee surgery 07/05/12, and would likely need a total joint replacement. Patient has had 12 sessions of physical therapy. X-ray of the left knee on 01/05/14 shows degenerative osteosclerosis of the medial tibial articular surface and degenerative narrowing of the patellofemoral joint space. X-ray of the right knee on 01/05/14 shows degenerative narrowing of the medial femorotibial joint space and cortical irregularity with adjacent sclerosis at the medial aspect of the proximal tibial shaft. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report 12/16/14, treater's reason for the request is "for moderate-to-severe pain." The patient has been prescribed Norco since at least 12/17/13. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater has not discussed how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has not been discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument has been used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There are no UDS's, CURES or opioid pain contracts. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

1 prescription of Nalfon 400mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The 53 year old male patient, date of injury 04/13/10, presents with pain in both knees, low back and hips. The request is for 1 prescription of Nalfon 400MG #60. The request for authorization is dated 11/11/14 for unloading braces for both knees and medications (Norco, Flexeril, Nalfon and Protonix). The patient is status-post left knee surgery 07/05/12, and would likely need a total joint replacement. Patient has had 12 sessions of physical therapy. X-

ray of the left knee on 01/05/14 shows degenerative osteosclerosis of the medial tibial articular surface and degenerative narrowing of the patellofemoral joint space. X-ray of the right knee on 01/05/14 shows degenerative narrowing of the medial femorotibial joint space and cortical irregularity with adjacent sclerosis at the medial aspect of the proximal tibial shaft. The patient is not working. MTUS Anti-inflammatory medications page 22 states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 12/16/14, treater's reason for the request is "for inflammation." It appears that the patient is just starting this medication. MTUS does support the use of NSAID's for chronic pain, specifically for low back, neuropathic and osteoarthritis. In this case, chronic pain is well documented in this patient along with a radicular component. The request IS medically necessary.